

NAME : QUOC XUONG LUU
 CDC #: (P-22522)
 Bld.#: (2-1250)
 California State Prison - Solano
 P.O. Box 4000
 Vacaville, California 95696-4000

PRO Se

In Propria Persona

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Quoc Xuong Luu,)
 Plaintiff,)
 vs.)
 IMMIGRATION AND NATURALIZATION)
 SERVICES (INS), et al.,)
 Defendant.)
 _____)
 CASE NO. C08-3350JSW
 PRISONER'S
 APPLICATION TO PROCEED
IN FORMA PAUPERIS

I, Quoc Xuong Luu, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes XX No _____

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: 0.00 Net: 0.00

Employer: California State Prison - Solano, P.O. Box 4000,
Vacaville, California 95696-4000

JUL 10 2008

1 If the answer is "no," state the date of last employment and the amount of the gross and net
2 salary and wages per month which you received. (If you are imprisoned, specify the last
3 place of employment prior to imprisonment.)

7 2. Have you received, within the past twelve (12) months, any money from any of the
8 following sources:

13 c. Rent payments? Yes No
14 d. Pensions, annuities, or Yes No

15 life insurance payments? Yes No XX
16 Federal or State welfare payments Yes No XX

17 Social Security or other govern-
18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
20 received from each.

21 _____
22 _____

23 3. Are you married? Yes No XX

24 Spouse's Full Name: _____
25 Spouse's Place of Employment: **NONE**

26 Spouse's Monthly Salary, Wages or Income:
27 Gross \$ 0.00 Net \$ 0.00

28 4. a. List amount you contribute to your spouse's support: \$ NONE

1 b. List the persons other than your spouse who are dependent upon you for
 2 support and indicate how much you contribute toward their support. (NOTE:
 3 For minor children, list only their initials and ages. DO NOT INCLUDE
 4 THEIR NAMES.).

5 NONE
 6 _____
 7

8 5. Do you own or are you buying a home? Yes No XX

9 Estimated Market Value: \$ NONE Amount of Mortgage: \$ NONE

10 6. Do you own an automobile? Yes No

11 Make NONE Year NONE Model NONE

12 Is it financed? Yes No XX If so, Total due: \$ NONE

13 Monthly Payment: \$ NONE

14 7. Do you have a bank account? Yes No XX (Do not include account numbers.)

15 Name(s) and address(es) of bank: NONE

16 Present balance(s): \$ NONE

17 Do you own any cash? Yes No XX Amount: \$ NONE

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
 19 market value.) Yes No XX

20 8. What are your monthly expenses?

21 Rent: \$ NONE Utilities: NONE

22 Food: \$ NONE Clothing: NONE

23 Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
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NONE	\$ 0.00	\$ 0.00
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/	\$ /	\$ /
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\$ /	\$ /	9. Do
------	------	-------

1 you have any other debts? (List current obligations, indicating amounts and to whom they are
2 payable. Do not include account numbers.)

Restitution imposed by the trial judge of the Superior Court
of Santa Clara County and for the State of California.

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes XX No _____

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9 Luu v. USA, et al., case# C-02-01980-JF (PR) and Luu v. INS, et al., case#
10 C-07-2704-JSW (PR), in the United States District Court for the Northern
 District of California.

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

17 DATE

~~SIGNATURE OF APPLICANT~~

1
2 Case Number: _____
3
4
5
6
7
8
9

CERTIFICATE OF FUNDS

10 IN
11 PRISONER'S ACCOUNT
12

13 I certify that attached hereto is a true and correct copy of the prisoner's trust account
14 statement showing transactions of 0.00 for the last six months
15 at

16 [prisoner name]

17 Luu, QUOC - CSP-Solano where (s)he is confined.

18 [name of institution]

19 I further certify that the average deposits each month to this prisoner's account for the
20 most recent 6-month period were \$ 0.00 and the average balance in the prisoner's
21 account each month for the most recent 6-month period was \$ 0.00.

22
23 Dated: 7/11/2008

Barbara Patten

24 [Authorized officer of the institution]
25
26
27
28

CALIFORNIA STATE PRISON SOLANO
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN. 01, 2008 THRU JUL. 11, 2008

ACCT NAME: LUU, QUOC XUONG

ACCT TYPE: I

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 12/11/98
COUNTY CODE: *SCL

2008

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
93.84	90.00	183.84	0.00	140.78	0.00

THE ATTACHED STATEMENT IS A COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.
ATTEST:
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY Bombina Patterson
TRUST OFFICE
140-78
AVAILABLE
BALANCE

STATE OF CALIFORNIA
CDC - 193 (1/88)

DEPARTMENT OF CORRECTIONS

TRUST ACCOUNT WITHDRAWAL ORDER

Date July 09 2008

To: Warden

Approved

I hereby request that my Trust Account be charged \$ 3.00 for the purpose stated below and authorize the withdrawal of that sum from my account:

P.20572

NUMBER	3.00
NAME (Signature please, DO NOT PRINT)	

State below the PURPOSE for which withdrawal is requested
(do not use this form for Canteen or Hobby purchase)

PRINT PLAINLY BELOW name and address of person to whom check is to be mailed.

PURPOSE "En Forma Pauperis"
application to the United States
District Court and for the
Northern District of California

NAME U.S. Dist. Court
Northern Dist. of California
ADDRESS Office of the Clerk
450 Golden Gate Avenue
San Francisco, California 94102
Quoc X. Lien

PRINT YOUR FULL NAME HERE

NAME : QUOC XUONG LUU
CDC# : (P-22522)
Bld.#: (02-125U)
California state Prison - Solano
P.O. Box 4000
Vacaville, California 95696-4000

LEGAL MAIL

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
Office of the Clerk
450 Golden Gate Avenue
San Francisco, California 94102

54103761 2004

